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**IMPORTANT**

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**FACSIMILE COVER LETTER**

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\*BARI OTHER THAN DC

From: LORI H. SCOTTDate: March 19, 2002To: MRS. WALLACE703/305-3230  
Facsimile Telephone NumberRe: U.S. Serial No. 09/926,756TOTAL NUMBER OF PAGES, INCLUDING COVER LETTER: 6SPECIAL COMMENTS OR INSTRUCTIONS:

Dear Mrs. Wallace:

In response to your telephone call to our office regarding the above-identified patent application, attached is a copy of the Demand (PCT/IPEA/401).

Should you need anything further, please do not hesitate to contact us.

Respectfully submitted,

*Lori Scott*  
LORI H. SCOTT  
Assistant to  
HARVEY B. JACOBSON, JR.  
Reg. No. 20,851

HBJ/lhs  
Attachment

THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND CONFIDENTIAL. IF YOU ARE NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS COMMUNICATION TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, COPYING, OR OTHER USE OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE. THANK YOU.

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below.

IPEA/ EPO

**PCT****CHAPTER II****DEMAND**

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
<b>Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION</b>	
International application No. PCT/DK00/00697	International filing date (day/month/year) 14 December 2000
Applicant's or agent's file reference (Earliest) Priority date (day/month/year) 17 December 1999	
Title of invention A Prosthetic Device	
<b>Box No. II APPLICANT(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Cartificial ApS c/o Medico Chemical Lab. ApS Fruebjergvej 3, Symbion 2100 Copenhagen Ø Denmark	Telephone No.:  Facsimile No.:  Teleprinter No.: 
State (that is, country) of nationality: Denmark	State (that is, country) of residence: Denmark
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Walther Bataberg Pedersen Dag Hammerskjølds Allé 29, 1. mf. 2100 Copenhagen Ø	
State (that is, country) of nationality: Denmark	State (that is, country) of residence: Denmark
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Frederik Resen Steenstrup Arresøgade 4, 5.tv. 2200 Copenhagen N	
State (that is, country) of nationality: Denmark	State (that is, country) of residence: Denmark
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.	

Sheet No. 2.

International application No.  
PCT/DK00/00697

## Continuation of Box No. II APPLICANT(S)

*If none of the following sub-boxes is used, this sheet should not be included in the demand.*Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*Ole Ingemann Olsen  
Skovvej 77 D  
2820 Charlottenlund

State (that is, country) of nationality:

Denmark

State (that is, country) of residence:

Denmark

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*Lene Diness Jakobsen  
Boyesgade 7, 4.tv.  
1622 Copenhagen V

State (that is, country) of nationality:

Denmark

State (that is, country) of residence:

Denmark

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*Erik Vraa  
Jagtvej 215 B, 11  
2100 Copenhagen Ø

State (that is, country) of nationality:

Denmark

State (that is, country) of residence:

Denmark

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*Jes Bruun Lauritzen  
Rosenvaenget 8  
3620 Farum

State (that is, country) of nationality:

Denmark

State (that is, country) of residence:

Denmark

☒ Further applicants are indicated on another continuation sheet.

Sheet No. 3.

International application No.

Continuation of Box No. II APPLICANT(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included in the demand</i>	
Name and address: (Family name followed by given names; for a legal entity, full official designation. The address must include postal code and name of country.) Klaus Bechgaard Østerled 2 2100 Copenhagen Ø	
State (that is, country) of nationality: Denmark	State (that is, country) of residence: Denmark
Name and address: (Family name followed by given names; for a legal entity, full official designation. The address must include postal code and name of country.)	
State (that is, country) of nationality:	State (that is, country) of residence:
Name and address: (Family name followed by given names; for a legal entity, full official designation. The address must include postal code and name of country.)	
State (that is, country) of nationality:	State (that is, country) of residence:
Name and address: (Family name followed by given names; for a legal entity, full official designation. The address must include postal code and name of country.)	
State (that is, country) of nationality: Denmark	State (that is, country) of residence: Denmark
<input type="checkbox"/> Further applicants are indicated on another continuation sheet.	

Sheet No. 4

International application No.  
PCT/DK00/00697**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**The following person is ☒ agent ☐ common representativeand ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address: *(Family name followed by given names; for a legal entity, full official designation. The address must include postal code and name of country.)*HØIBERG Aps  
St. Kongensgade 59B  
DK-1264 Copenhagen K  
Denmark

Telephone No.:

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Facsimile No.:

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Teleprinter No.:

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:\***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filedthe description ☒ as originally filed☐ as amended under Article 34the claims ☒ as originally filed☐ as amended under Article 19 (together with any accompanying statement)☐ as amended under Article 34the drawings ☒ as originally filed☐ as amended under Article 342. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

\* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

☐ which is the language in which the international application was filed.☐ which is the language of a translation furnished for the purposes of international search.☐ which is the language of publication of the international application.☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.**Box No. V ELECTION OF STATES**

The applicant hereby elects all eligible States (that is, all States which have been designated and which are bound by Chapter II of the PCT)

excluding the following States which the applicant wishes not to elect:

Sheet No. 5

International application No.  
PCT/DK00/00697

## Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- |  |   |   |        |
|--|---|---|--------|
| 1. translation of international application                              | : |   | sheets |
| 2. amendments under Article 34   | : |   | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : |   | sheets |
| 4. copy (or, where required, translation) of statement under Article 19  | : |   | sheets |
| 5. letter  | : | 1 | sheets |
| 6. other (specify)   | : |   | sheets |

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Examining Authority use only

received	not received
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- |  |   |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet                             | 4. <input type="checkbox"/> statement explaining lack of signature                                  |
| 2. <input type="checkbox"/> separate signed power of attorney                            | 5. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form |
| 3. <input type="checkbox"/> copy of general power of attorney, reference number, if any: | 6. <input type="checkbox"/> other (specify):  |

## Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

12 July 2001

Susanne Holberg

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.☐ The applicant has been informed accordingly.4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

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Demand received from IPBA on: